DECLARATION AND POWER OF ATTORNEY FOR DESIGN AND UTILITY PATENT APPLICATION

ATTORNEY'S DOCKET NO.:

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventioner (if plural names are listed below) of the subject invention, entitled, property, MADE, OF, ARGORDENT, P.	matter which is claimed a	nd for which a pater	
invention entitled PRODUCT MADE OF ABSORBENT P the specification of which (check one) [X] is attached her and was amended on	apek with an asymmeter, [] was filed on (if applicable)	######################################	s Application No.
I hereby state that I have reviewed and understan claims, as amended by any amendment referred to above.	d the contents of the above	e identified specifica	tion, including the
I acknowledge the duty to disclose information v Federal Regulations \S 1.56.	which is material to patent	ability as defined in	Title 37, Code of
I hereby claim foreign priority benefits under Title for patent or inventor's certificate listed below and have als certificate having a filing date before that of the application	so identified below any fore	eign application for p	
OO 06108 FRANCE (Number) (Country) PCT/FRO1/01433 PCT I hereby claim the benefit under Title 35, United St listed below:	12 MAY 2000 (Day/Month/Year Fi 11 MAY 2001 ates Code § 119(e) of any I	[x] Yes	
(Application No.) (Filing D	ate)		
material information as defined in Title 37, Code of Feder of the prior application and the national or PCT internation (Application No.) (Filing	onal filing date of this app		
I hereby appoint the following attorney(s) and/or divisional applications based thereon, and to transact all but Michael J. McGovern, Req. No. 28	agent(s) to prosecute this usiness in the Patent and T	s application and all rademark Office cor	continuation and nected therewith:
37,551. Direct all telephone calls to Michael J. Correspondence to: Michael J. McGovern c/o Qu 4497.	. McGovern at telep	phone no. (414) 277-	5000. Address all
I hereby declare that all statements made herein information and belief are believed to be true; and further false statements and the like so made are punishable by fin United States Code and that such willful false statements in thereon.	that these statements were e or imprisonment, or both	e made with the known, under Section 1001	wledge that willful of Title 18 of the
FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE		DATE
Gilles ROUSSEL	- Joursel		January 2,2002
RESIDENCE 68320 Durrenentzen France		CITIZENSHIP	French
POST OFFICE ADDRESS 4, rue des Vosges 68320 Durrenent	zen France		

FULL NAME OF SECOND JOINT INVENTOR Michel BASLER	INVENTOR'S SIGNATURE	/	DATE January 2,2002
RESIDENCE 68500 Issenheim France	CITIZENSHIP French		ench
POST OFFICE ADDRESS 6, rue Vauban 68500 Issenheim F	rance		
FULL NAME OF THIRD JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE
RESIDENCE		CITIZENSHIP	1
POST OFFICE ADDRESS		<u> </u>	
FULL NAME OF FOURTH JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE
RESIDENCE	L., we, v	CITIZENSHIP	· · · · · · · · · · · · · · · · · · ·
POST OFFICE ADDRESS		<u> </u>	
FULL NAME OF FIFTH JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SIXTH JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SEVENTH JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE
RESIDENCE		CITIZENSHIP	

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